

**FORM FOR DEPARTMENT OF ENERGY (DOE and NNSA) EMPLOYEES, OTHER  
GOVERNMENT AGENCIES, AND GOVERNMENT CONTRACTORS REQUESTING  
ACCESS TO BWXT Y-12, L.L.C.-MANAGED AIS RESOURCES**

- A. **NAME** \_\_\_\_\_ B. **PHONE** \_\_\_\_\_ C. **UID** \_\_\_\_\_
- D. **BADGE NUMBER** \_\_\_\_\_ E. **SOC. SEC. NUMBER** \_\_\_\_\_
- F. **ADDRESS:**  
DIVISION NAME \_\_\_\_\_ E-MAIL NAME \_\_\_\_\_  
ROUTE SYMBOL/ORG. CODE \_\_\_\_\_ BRANCH NAME \_\_\_\_\_  
BUILDING \_\_\_\_\_ MAIL STOP \_\_\_\_\_ ROOM \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_
- G. **EMPLOYER/CONTRACTOR:** \_\_\_\_\_
- H. **CITIZENSHIP:** USA \_\_\_\_\_ OTHER (SPECIFY) \_\_\_\_\_
- I. **CURRENT CLEARANCE LEVEL:**  
NONE \_\_\_\_\_ DOE Q \_\_\_\_\_ DOE L \_\_\_\_\_ OTHER US GOVERNMENT AGENCY (SPECIFY) \_\_\_\_\_
- J. **ACCESS REQUEST:** I am requesting access to the following BWXT Y-12, L.L.C. AIS Resources:  
Unclassified: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_  
Classified: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_
- K. **Charge Number** (account, work order, or request no.) \_\_\_\_\_ (for new UID only)

**APPLICANT RESPONSIBILITY STATEMENT**

This access is required in the normal course of my employment or other association with BWXT Y-12, L.L.C. I agree to abide by all applicable BWXT Y-12, L.L.C. and DOE procedures and regulations governing these AIS resources. I understand that the AIS system(s) for which I am requesting access contain(s) information which is the property of the BWXT Y-12, L.L.C., and that I will treat and protect such information in a manner consistent with its sensitivity and that none of this information will be disclosed to others or retained by me at the end of my employment or other association with BWXT Y-12, L.L.C. I also understand that I am responsible for the protection of such information while it is in my possession or control and that the release of said information may be a violation of Federal Laws.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**DOE DIVISION MANAGER OR CONTRACTING OFFICER'S REPRESENTATIVE STATEMENT**

I have reviewed and concur with the request to access the DOE BWXT Y-12, L.L.C. managed AIS resource(s) for the individual named in Section A of this form.

Name \_\_\_\_\_ (type/print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**NNSA AUTHORIZER STATEMENT**

I have reviewed the request to access the NNSA and BWXT Y-12, L.L.C. managed AIS resource(s) for the individual named in Section A of this form and approve access to the AIS resources specified in Section J.

Name \_\_\_\_\_ (type/print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_